

Message Text

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SUBJECT: NEW HEW INITIATIVES IN HEALTH COOPERATION

SUMMARY: HEW/OIH, WITH DEPARTMENT'S REVIEW AND CONCURRENCE WILL BE MEETING WITH SOVIET MEDICAL COUNSELOR (STEPANOV) ON MARCH 31 TO INITIATE INFORMAL AND LOW-KEY DISCUSSIONS WITH USSR MOH CONCERNING HEW INTEREST IN UNDERTAKING THREE NEW, AND IN SOME MEASURE, INNOVATIVE COOPERATIVE EFFORTS IN HEALTH: 1. COOPERATION FOR EMERGENCY MEDICAL CARE OF ALASKAN NATIVES OF LITTLE DIOMEDE ISLAND; 2. EXCHANGE OF TRANSPLANTABLE KIDNEYS AND RENAL DIALYSIS TECHNOLOGY; AND, 3. COOPERATION IN EYE DISEASE RESEARCH. STEPANOV WILL BE ASKED TO ADVISE DR. D. VENEDICTOV, USSR DEPUTY MINISTER OF HEALTH, OF U S INTERESTS AND REQUEST
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THAT VENEDICTOV BE PREPARED TO DISCUSS THESE ISSUES INFORMALLY IN GENEVA, MAY 2-20, AT WORLD HEALTH ASSEMBLY. PROVIDED HEREIN IS BACKGROUND INFORMATION ON HEW INTERESTS AND PROPOSALS. NO EMBASSY ASSISTANCE IS REQUESTED AT THIS STAGE.

1. EMERGENCY MEDICAL SERVICES FOR LITTLE DIOMEDE:

HEW/OIH IS SENDING SCIATT, GREENBERG, COMPLETE BRIEFING BACKGROUND ON THIS ISSUE VIA AIRMAIL. PROVIDED BELOW IS SUMMARY ONLY. BEGIN: LITTLE DIOMEDE ISLAND IS SMALL STRAIGHT, APPROXIMATELY TWO MILES FROM LARGER SOVIET ISLAND CALLED BIG DIOMEDE ('OSTROV RATMANOVA' BY RUSSIANS). A SMALL ALASKAN NATIVE POPULATION (ANP), APPROX. 100-125, LIVE ON LITTLE DIOMEDE. BIG DIOMEDE HAS NO NATIVE POPULATION, ALTHOUGH SOVIET TECHNICIANS MAN A WEATHER INSTALLATION ON ISLAND THE YEAR ROUND. THE INDIAN HEALTH SERVICE (IHS) OF HEW/PHS IS RESPONSIBLE FOR HEALTH CARE OF ANP ON LITTLE DIOMEDE, A RESPONSIBILITY COMPLICATED BY EXTREME ISOLATION OF ISLAND BY WEATHER AND GEOGRAPHY MOST OF YEAR. AIR EVACUATION OF SEVERELY ILL NATIVES IS POSSIBLE ONLY SEVERAL MONTHS EACH YEAR. GEOGRAPHY OF LITTLE DIOMEDE DOES NOT PERMIT CONSTRUCTION OF PERMANENT AIRSTRIP, A KEY NEED IF BETTER EMERGENCY MEDICAL CARE IS TO BE PROVIDED TO ANP, ALTHOUGH A LARGE AIRSTRIP IS KNOWN TO EXIST ON BIG DIOMEDE. HEW/OIH WILL ASK STEPANOV TO RELAY TO VENEDICTOV THEIR INTEREST IN DEVELOPING SOME KIND OF ARRANGEMENT FOR COOPERATION IN SECURING BETTER EMERGENCY MEDICAL CARE TO ANP. TENTATIVE SUGGESTIONS WILL BE POSSIBILITY EITHER OF U A AIRCRAFT USING LANDING STRIP TO BIG DIOMEDE FOR MEDICAL EVACUATION OF ANP OR POSSIBLY OF USSR AIRCRAFT FLYING MEDICAL EVACUATIONS TO ALASKAN MAINLAND (POSSIBLY WHALES OR NOME) IN SUCH EMERGENCIES. INTERESTS OF SOVIETS FOR RECIPROCITY ARE UNKNOWN AT THIS POINT, ALTHOUGH HEW WILL SUGGEST THAT THE IHS CAN PROVIDE 'BETTER' EMERGENCY MEDICAL SERVICES TO SOVIET SEAMEN IN BERING STRAIGHT/ LIMITED OFFICIAL USE

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ALASKAN AREA. BECAUSE IHS HAS ALREADY PROVIDED THIS CARE IN PAST ON AD HOC BASIS, THERE WILL ALSO BE SUGGESTION THAT SOVIET ASSISTANCE FOR ANP IS RECIPROCITY FOR ALREADY ONGOING U S ASSISTANCE TO THEIR SEAMEN.

2. EXCHANGE OF TRANSPLANTABLE KIDNEYS AND DIALYSIS TECHNOLOGY: EMBASSY MAY BE AWARE OF RECENT DONATION OF KIDNEY BY SOVIETS FOR TRANSPLANT IN U S CITIZEN. THIS DONATION AND ITS SUCCESSFUL TRANSPLANT INTO NEW YORK CITY CONSTRUCTION WORKER IN FEBRUARY RECEIVED SIGNIFICANT FAVORABLE PRESS COVERAGE IN U S. DR. V. SHUMAKOV, INSTITUTE OF TRANSPLANTOLOGY, MOSCOW, ARRANGED FOR SUCH DONATIONS IN PRINCIPLE WHEN DR. ALBERT RUBIN OF NEW YORK HOSPITAL, CORNELL MEDICAL CENTER, VISITED USSR AS PART OF TECHNICAL-SALES CONSULTATION TRAVENOL CORPORATION MADE AT INSTITUTE. SHUMAKOV FURTHER DISCUSSED DONATION WITH RUBIN AND NIH SCIENTISTS DURING HIS VISIT TO U S IN AUGUST 1976. NIH SCIENTISTS, RUBIN AND SHUMAKOV HAVE DISCUSSED INFORMALLY EXPANDED CONTRI-

BUTION OF SOVIET KIDNEYS FOR TRANSPLANT IN U S CITIZENS AS THEY APPARENTLY HAVE FAR MORE TRANSPLANTABLE KIDNEYS THAN THEY CAN USE IN USSR. SHUMAKOV ALSO RECOGNIZES THAT HE CAN BENEFIT BY GREATER INVOLVEMENT WITH U S TECHNOLOGY AND METHODS IN RENAL DIALYSIS. FYI, RUBIN REPORTS TRAVENOL HAS DONATED 12 ARTIFICIAL KIDNEYS TO SHUMAKOV AS PART OF TRADE PROMOTION/PENETRATION EFFORT IN USSR. ALL DISCUSSIONS IN THIS AREA, HOWEVER, HAVE BEEN INFORMAL SCI-SCI AND HEW/OIH WOULD LIKE TO INITIATE MORE HIGH LEVEL CONSIDERATION OF POTENTIALS AND PITFALLS OF SUCH ACTIVITY. WHILE HEW HAS NO PRESSING INTEREST OR STRATEGY AT THIS TIME, THEY ARE WILLING TO CONSIDER MORE FORMAL, ORGANIZED AND MUTUALLY BENEFICIAL RECIPROCAL ARRANGEMENT IF THAT APPEARS FEASIBLE.

3. COOPERATION IN EYE DISEASE: IN CONJUNCTION WITH NUMEROUS INTERDEPARTMENTAL CONSULTATIONS ABOUT SOVIET LIMITED OFFICIAL USE

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TREATMENT FOR RETINITIS PIGMENTOSA AT HELMHOLTZ INSTITUTE, HEW/OIH AND NATIONAL EYE INSTITUTE, NIH, HAVE IDENTIFIED STRATEGY FOR GAINING MORE FIRST HAND EXPERIENCE WITH SUCH TREATMENT. IT HAS BEEN RECOGNIZED THAT US-USSR COOPERATION SURROUNDING DIRECT EVALUATION OF THIS TREATMENT IS NOT LIKELY TO BE POSSIBLE AND PROBABLY NOT WORTH A SUBSTANTIAL U S INVESTMENT. THE NEI, HOWEVER, OVER THE PAST YEARS HAS IDENTIFIED SEVERAL AREAS IN WHICH THEY FEEL FRUITFUL POSSIBILITIES FOR COOPERATION EXISTS AND IN WHICH THEY MAY BE ABLE TO INDIRECTLY GAIN KNOWLEDGE OF HELMHOLTZ TREATMENT: 1. COOPERATION IN TREATMENT OF GLAUCOMA WITH UNIQUE SOVIET TECHNOLOGY CALLED A 'Q-PULSE LASER'; 2. COOPERATION IN CATARAC SURGERY; AND, 3. COOPERATION IN INVESTIGATIONS OF THE ETIOLOGY OF RETINITIS PIGMENTOSA. ALL THESE AREAS HAVE BEEN DISCUSSED AT LENGTH BY NEI STAFF AND DR. M. KRAZNOV, DIRECTOR, ALL UNION RESEARCH INST. OF EYE DISEASE. FYI AGAIN THE KEY ISSUE IN U S BENEFIT TO COOPERATION IN CAUSE OF RETINITIS PIGMENTOSA IS SOVIET ABILITY TO SECURE EYES OF DECEASED PATIENTS FOR RESEARCH, A LIMITED RESOURCE IN U S. WHILE COOPERATION IN EYE DISEASE HAS BEEN DISCUSSED IN PAST JOINT HEALTH COMMITTEE MEETINGS, THE U S SIDE WOULD NOW LIKE TO PUSH THE ISSUE A LITTLE HARDER AND WILL ATTEMPT TO INITIATE MORE HIGH LEVELSOVIET INTEREST THROUGH VENEDICTOV. SCIENTISTS APPEAR READY AND WILLING TO GO TO WORK.

4. COMMENT: HEW/OIH HAS FREQUENTLY USED MEETINGS OF WHO FOR HIGH LEVEL THOUGH INFORMAL DISCUSSIONS WITH VENEDICTOV ABOUT BILATERAL HEALTH COOPERATION. IT HAS PROVIDED GOOD MID-YEAR REVIEW OF SELECT ACTIVITIES THAT

MAY NEED ATTENTION. DEPARTMENT ALSO SEES UTILITY OF THIS MEETING, PARTICULARLY WITH REGARD TO ISSUE OF COOPERATION ON DIOMEDE ISLANDS, SINCE SIGNIFICANT LEAD TIME IS PROBABLY NECESSARY IN USSR FOR HIGH LEVEL POLICY REVIEW. DEPARTMENT HAS AGREED WITH HEW/OIH STRATEGY TO LIMITED OFFICIAL USE

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INITIATE DISCUSSIONS OF THIS INTEREST THROUGH STEPANOV AND SOVIET EMBASSY SO EMBASSY AND MFA COMMENT CAN BE PROVIDED VENEDICTOV FROM THE START. EMBASSY MOSCOW MAY BE AWARE THAT WE HAVE HAD NUMEROUS DISCUSSIONS IN THE PAST WITH USSR ABOUT DIOMEDE ISLANDS RELATIONS, PARTICULARLY WHEN BOTH SIDES WERE INHABITED WITH RELATED NATIVE POPULATIONS. WE BELIEVE, HOWEVER, THAT DIRECT HEW-MOH DISCUSSIONS ONLY REPEAT ONLY ABOUT THE PROVISION OF EMERGENCY MEDICAL SERVICES MAY BE SUCCESSFUL AT THIS TIME AND ALSO PROVIDE AN APPROPRIATE EXPANSION OF US-USSR AGREEMENT FOR HEALTH COOPERATION. ALTHOUGH NO EMBASSY ASSISTANCE IS REQUESTED AT THIS TIME, HEW/OIH WILL APPRECIATE ANY COMMENT AND ADVICE EMBASSY MAY WANT TO PROVIDE. DISCUSSIONS WITH STEPANOV WILL BE MOST GENERAL AND TENTATIVE. MAY MEETINGS WITH VENEDICTOV, HOWEVER, ARE LIKELY TO BE MORE SUBSTANTIVE. NO AGREEMENTS WILL BE CONCLUDED WITHOUT FULL DEPARTMENT AND EMBASSY REVIEW AND CONCURRENCE. CHRISTOPHER

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